-	CERT	IFICATE OF LIA	ABILITY	INS	SURANG	CE	DATE (MM/DD/YY) 06/17/02	
PRODUCER Arthur J. Gallagher & Co. 12444 Powerscourt Drive St. Louis, MO 63131 INSURED Atlas Van Lines, Inc. et al. P.O. Box 509 Evansville, IN 47703-0509				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTENDED ALTER THE COVERAGE AFFORDED BY THE POLICIES BELL				
				INSURERS AFFORDING COVERAGE				
				INSURER A: The Fire & Casualty Co. of CT INSURER B:				
				INSURER C:				
				INSURER D:				
OVE	RAGES	· · · · · · · · · · · · · · · · · · ·	INSURE	INSURER E:				
MAY POL	PERTAIN, THE INSURANCE AFE	D BELOW HAVE BEEN ISSUED TO DITION OF ANY CONTRACT OR ORDED BY THE POLICIES DESCR WN MAY HAVE BEEN REDUCED B	OTHER DOCUMEN	MED AI IT WITI UBJEC	BOVE FOR THE PO H RESPECT TO V T TO ALL THE TEI	DLICY PERIOD INDICATED. VHICH THIS CERTIFICATE RMS, EXCLUSIONS AND CO	NOTWITHSTANDING MAY BE ISSUED OF NODITIONS OF SUCH	
<u> </u>	TYPE OF INSURANCE	POLICY NUMBER		ECTIVE OD/YY)	POLICY EXPIRATION	L[MI		
_	ENERAL LIABILITY	AVL001000	04/26/		04/26/03	EACH OCCURRENCE	\$1,000,000	
1	COMMERCIAL GENERAL LIABILITY					FIRE DAMAGE (Any one fire)	\$	
<u> </u>	CLAIMS MADE X OCCUR					MED EXP (Any one person)	s	
-						PERSONAL & ADV INJURY	\$ Included	
-			1			GENERAL AGGREGATE	\$2,000,000	
G	EN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	T	
	POLICY PRO-	315 000 000						
Х	7	AVL001000	04/26/	02	04/26/03	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	\$	
_	HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$	
<u> </u>	Cargo Liability					PROPERTY DAMAGE (Per accident)	\$	
G/	ARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO					ALTO ONLY:	\$ \$	
EX	CESS LIABILITY					EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE	:				* · · · · · · · · · · · · · · · · · · ·	\$	
	DEDUCTIBLE						\$	
	RETENTION \$						\$	
W	ORKERS COMPENSATION AND					WC STATU- OTH- TORY LIMITS ER		
EM	PLOYERS' LIABILITY					E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
-	11				· · · · · · · · · · · · · · · · · · ·	E.L. DISEASE - POLICY LIMIT	\$	
VI	HER							
чP	TION OF OPERATIONS/LOCATIONS/VEH	IICLES/EXCLUSIONS ADDED BY ENDORS	SEMENT/SPECIAL PRO	DVISIONS	3			
	· · · · · · · · · · · · · · · · · · ·							
ERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER:				CANCELLATION				
S Department of Energy k Ridge National Lab - NTRC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
oxville, TN 37931				AUTHORIZED REPRESENTATIVE				

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.